



AF/3738
SIFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named
Inventor : Wenda C. Carlyle

Appln. No.: 09/186,810

Filed : November 5, 1998

For : MEDICAL DEVICES WITH ASSOCIATED
GROWTH FACTORS

Docket No.: S16.12-0052

Group Art Unit: 3738

Examiner: Paul B. Prebilic

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS
BEING SENT BY U.S. MAIL, FIRST CLASS,
TO THE COMMISSIONER FOR PATENTS,
P.O. BOX 1450, ALEXANDRIA, VA 22313-
1450, THIS

27TH DAY OF December
2006
[Signature]
PATENT ATTORNEY

Sir:

Applicant appeals to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner mailed October 27, 2006, finally rejecting claims 1, 3, 4, 8-10, 13, 15, 34, 35, 38-40, 45, and 46 .

FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. § 1.17(b) the fee for filing the Notice of Appeal is:

<input checked="" type="checkbox"/> other than a small entity	\$500.00
<input type="checkbox"/> small entity	\$250.00

EXTENSION OF TIME

These proceedings are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(a) ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.17(a)-

(d) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
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<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$225.00
<input type="checkbox"/> three months	\$1,020.00	\$510.00
<input type="checkbox"/> four months	\$1,590.00	\$795.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for --- --- has already been secured and the fee paid therefor of \$--- is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$---

or

(b) ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time.

TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$500.00

Extension fee (if any) \$---

Total Fee Due \$500.00

FEE PAYMENT

☒ A check in the amount of \$500.00 is attached.

☐ Charge Deposit Account No. 23-1123, the sum of \$_.

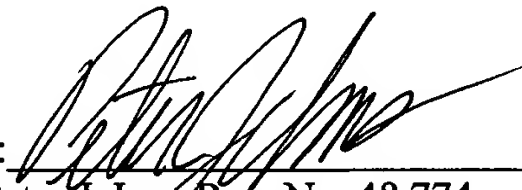


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The Director is authorized to charge any additional fees associated with this paper or credit any overpayment to Deposit Account No. 23-1123. A duplicate copy of this communication is enclosed.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

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PJI:tlr